

# GLOUCESTER CITY PUBLIC SCHOOLS

## REGISTRATION FORM

**Office use only:**

Date: \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_ Registrar's Initials: \_\_\_\_\_

Documents: BC \_\_\_\_\_ Immunizations \_\_\_\_\_ Physical \_\_\_\_\_ Records/Report Card \_\_\_\_\_

Residency Verification \_\_\_\_\_ ESL/ELL \_\_\_\_\_ Special Education/504 \_\_\_\_\_ Bus Route \_\_\_\_\_

### STUDENT INFORMATION:

Name of Student: \_\_\_\_\_  
(Last Name) (First) (Middle Initial)

Student's Physical Address: \_\_\_\_\_  
(House/Apt.No) (Street Name) (Town) (State) (Zip Code)

Student's Mailing Address: \_\_\_\_\_  
(If different from above) (House/Apt. No/P.O. Box) (Street Name) (Town) (State) (Zip Code)

Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Sex: \_\_\_\_\_ (M/F) Date of Birth: \_\_\_\_\_

Siblings: \_\_\_\_\_  
(NAME/AGE/GRADE)

### HOME LANGUAGE:

**Foreign Students Only** – Date of Student's **Entry** into the United States: \_\_\_\_\_ Date of Student's **Entry** into United States' School System \_\_\_\_\_

RACE: (\_\_\_\_ White), (\_\_\_\_ Black), (\_\_\_\_ Hispanic), (\_\_\_\_ Asian), (\_\_\_\_ American Indian/Alaskan), (\_\_\_\_ Hawaiian Native/Other Pacific Islander)

Language Spoken at Home (Specify if other than English)

English is spoken & understood by the consenting adult enrolling the student. Yes: \_\_\_\_\_ No: \_\_\_\_\_

### EMERGENCY & FAMILY CONTACT:

Father/Guardian  
Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone #: (\_\_\_\_) \_\_\_\_\_  
Work #: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Mother/Guardian  
Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone #: (\_\_\_\_) \_\_\_\_\_  
Work #: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Name of Person enrolling Student: \_\_\_\_\_  
Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Relationship to Student: \_\_\_\_\_  
Work #: (\_\_\_\_) \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relation to student** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_\_

Has your child ever attended Gloucester City Schools before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate which school: \_\_\_\_\_  
In the event by child transfers to or from the district, I authorize my previous district or the Gloucester City School District to release permitted records to the administrative officials of the school within 10 days after the transfer has been verified by the present district. I acknowledge that mandated student records will be forwarded to the administrative officials of the school in a similar manner.

### MEDIA RELEASE

X

Signature of Consenting Adult

I hereby ( ) grant ( ) I do not grant permission for my child to be photographed and/or appear in media coverage approved by the Gloucester City Public Schools.

X

Signature of Parent

# *Gloucester City High School*

1300 Market Street • Gloucester City, New Jersey 08030 • (856) 456-7000 x1533 • Fax (856) 432-7045

**Sean Gorman**  
*Principal*

## *Preliminary Information for Student Registration*

### **Please Read Before Proceeding**

The information provided in the following pages will enable us to determine your student's eligibility to attend school in this district in accordance with New Jersey law. Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:22 require that a free public education be provided to students between the ages of 5 and 20, and to certain students under 5 and over 20 as specified in other applicable law, who are:

- Domiciled in the district, i.e., the child of a parent or guardian, or an adult student, whose permanent home is located within the district. A home is permanent when the parent, guardian or adult student intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of home or residences elsewhere
- Living with a person, other than the parent or guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship
- Living with a parent or guardian who is temporarily residing in the district
- The child of a parent or guardian who moves to another district as the result of being homeless
- Placed in the home of a district resident by court order pursuant to N.J.S.A. 18A:38-2
- The child of a parent or guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency, resulting in relocation of the student, pursuant to N.J.S.A. 18A:38-3(b)
- Residing on federal property within the State pursuant to N.J.S.A. 18A:38-7.7 et seq.

Note that "guardian" means a person to whom a court of competent jurisdiction has awarded guardianship or custody of a child, provided that a residential custody order shall entitle a child to attend school in the residential custodian's school district subject to a rebuttable presumption that the child is actually living with such custodian; it also means the Department of Children and Families for purposes of N.J.S.A. 18A:38-1(e). Also note that a student is entitled to attend school in the district of domicile notwithstanding that the student is qualified to attend school in a different district as an "affidavit" student or temporary resident.

### **Note that the following do not affect a student's eligibility to enroll in school:**

- Physical condition of housing or compliance with local housing ordinances or terms of lease
- Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition basis in the United States public secondary school

# *Gloucester City High School*

1300 Market Street • Gloucester City, New Jersey 08030 • (856) 456-7000x 1533 • Fax (856) 432-7045

**Sean Gorman**

*Principal*

- Absence of a certified copy of birth certificate or other proof of a student's identity, although these must be provided within 30 days of initial enrollment pursuant to N.J.S.A. 18A:36-25.1
- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, N.J.A.C. 8:57-4.1 et seq.
- Absence of a student's prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district

**The following forms of documentation may demonstrate a student's eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.**

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed letter from landlords and other evidence of property ownership, tenancy or residency
- Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location
- Court orders, State agency agreements and other evidence of court or agency placement or directives
- Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or where applicable, to support the student
- Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship or temporary residence
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, guardian person keeping an "affidavit student," adult student, person(s) who whom a family is living or others as appropriate
- Documents pertaining to military status and assignment
- Any business record or document issued by a governmental entity
- Any other form of documentation relevant to demonstrating entitlement to attend school

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

# *Gloucester City High School*

---

1300 Market Street • Gloucester City, New Jersey 08030 • (856) 456-7000x 1533 • Fax (856) 432-7045

**Sean Gorman**

*Principal*

You will not be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may voluntarily disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but we may not, directly, or indirectly, require or request:

- Income tax returns
- Documentation/information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa
- Documentation/information relating to compliance with local housing ordinances or conditions of tenancy
- Social security numbers

Please be aware that any initial determination of the student's eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is later found ineligible. If your student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.

***If you experience difficulties with the enrollment process, please see (add person) for assistance.***

# Gloucester City High School

---

1300 Market Street • Gloucester City, New Jersey 08030 • (856) 456-7000 x1533 • Fax (856) 432-7045

**Sean Gorman**  
*Principal*

## GLOUCESTER CITY HIGH SCHOOL NEW STUDENT REGISTRATION CHECKLIST

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

In order that the requirements of various State and Federal laws be met, the following information is mandatory for the registration of a student in Gloucester City High School

**A. PROOF OF RESIDENCY – Four CURRENT proofs are required, inclusive of, but not limited to**

- Tax bill
- Mortgage or settlement papers
- Lease agreement (naming parent/child)
- Utility Bill (gas/electric/sewer/water/telephone)
- Employment document

**B. DOCUMENTATION OF RELATIONSHIP TO STUDENT (as appropriate)**

- Birth Certificate
- Court documentation demonstrating custody
- Foster Parent (State Agency Documentation)

**C. DOCUMENTATION OF GRADE PLACEMENT**

- a. Most recent report card
- b. Copy of unofficial transcript
- c. Copy of standardized test score reports
- d. Copy of transfer card, if applicable

**D. PHYSICAL EXAMINATION FORM AND IMMUNIZATION RECORD**

- a. Completed and signed by child's physician
- b. Current copy of immunizations

**E. OTHER DOCUMENTATION, IF RELEVANT**

- a. Current IEP
- b. Current 504 Plan
- c. Free and Reduced Lunch Application

# Gloucester City High School

1300 Market Street • Gloucester City, New Jersey 08030 • (856) 456-7000 x 1533 • Fax (856) 432-7045

**Sean Gorman**  
*Principal*

## **MMS PARENT PORTAL Starter Information**

All parent and guardians can now sign up for the new MMS Parent Portal to view student grades and attendance records. Just complete the information below and send it to the main office at your student's school. Your account will be validated using the email address you supply. Once your account has been activated, you can create your account by clicking on the link for the MMS Parent portal on the district and school websites and following the prompts. You will need your student's school ID number(s) to complete the process. If you have any questions, please contact the main office at your student's school.

---

### **E-Mail Information Card**

**Please Print Clearly:**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Email Address #1: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Email Address #2: \_\_\_\_\_

\*\*All parent(s)/ guardian(s) wanting to access the MMS Parent Portal must submit an email address

I certify that I am the legal guardian of the child named above and wish to gain access to the MMS Parent Portal.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Gloucester City High School

1300 Market Street • Gloucester City, New Jersey 08030 • (856) 456-7000 x1533 • Fax (856) 432-7045

Sean Gorman  
Principal

## GHS Student Registration Form – RESIDENCY STATUS

Student's Name: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

*In accordance with New Jersey State Law (NJSA 18A:38-1 and 18A:7B-12), it is necessary to determine the residence of students entering the school district in addition to addressing the McKinney-Vento Act.*

### Your answers will help determine if the student is eligible for additional services

Please indicate which of the following situations best describes the student's residence for the current school year: This information is kept confidential

1. \_\_\_\_\_ I am in my own residence: Please Circle one: Rent or Own (A)
2. \_\_\_\_\_ Lives with Family/ Friend's home by choice (relationship) \_\_\_\_\_  
(explain circumstances under "other") (B) (C)
3. \_\_\_\_\_ Hotel/ Motel/ Car/ RV/ Campground (circle one)
4. \_\_\_\_\_ Home for Adolescent School-Age Mothers
5. \_\_\_\_\_ Transitional Housing
6. \_\_\_\_\_ Resides in sub-standard housing, such as an abandoned building
7. \_\_\_\_\_ Migrant family dwelling
8. \_\_\_\_\_ Shelter: Domestic Violence Shelter / Runaway/Youth Shelter (circle one)
9. \_\_\_\_\_ Waiting for house to be built
10. \_\_\_\_\_ Previous home is uninhabitable due to fire, water, wind or smoke damage
11. \_\_\_\_\_ Student is a dependent of a Parent/Guardian who was ordered to active service duty, resulting in relocation of the student to Gloucester City. (Military/Reserves/Guard)
12. \_\_\_\_\_ Foster Placement or Therapeutic Treatment Home by DCP, Court ordered or a similar agency (documentation/court orders must be provided at registration)
13. \_\_\_\_\_ Relinquishment of student to Gloucester City resident due to Financial Hardship

14. \_\_\_\_\_ Other: Please explain

\_\_\_\_\_  
\_\_\_\_\_  
Prior School Attended \_\_\_\_\_

Prior Residence \_\_\_\_\_

Current Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ELIGIBILITY TO ATTEND SCHOOL IS SUBJECT TO REVIEW AND RE-EVALUATION. THERE IS POTENTIAL FOR ASSESSMENT OF TUITION IN THE EVENT THAT AN INITIALLY ADMITTED APPLICANT IS LATER FOUND INELIGIBLE.**

**Gloucester City School District has the right to verify residency. By signing this document, the signer affirms all questions have been truthfully answered, and no information has been withheld that might affect the application or the residency requirement. Failure to respond truthfully can result in transfer of student to domicile school and/or other penalties as required by law. Applicants who fraudulently allow a child of another to use his residence, or who fraudulently claim to have custody of a child, may be charged with a disorderly persons offense. N.J.S.A.18A:38-1 (c). If the applicant is convicted of such an offense, the applicant may be fined up to \$1,000.00 and/or be imprisoned for up to 6 months. Any false statements, answers or declarations contained in the Affidavit or in an application for admission may subject the applicant to criminal prosecution for the crime of false swearing, in violation of N.J.S.A. 2C:43-3. If convicted for such a crime, the applicant may be punished by a fine of \$10,000.00 and/or be imprisoned for up to 18 months.**

**I, the undersigned, hereby acknowledge that I have read and understood the contents of this notification.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Parent or Guardian**



# Gloucester City High School

1300 Market Street • Gloucester City, New Jersey 08030 • (856) 456-7000 x 1533 • Fax (856) 432-7045

**Sean Gorman**  
Principal

Dear Parents:

Students often complain of headache, muscle aches, colds, menstrual cramps etc. during school hours and request Ibuprofen or Tylenol. Often after the nurse assesses his/her complaint, relieves it as requested, and provides a few minutes of rest, students are able to comfortably resume their course of studies. When students are unable to receive Ibuprofen or Tylenol from an appropriate source (the school nurse), they may turn to friends for whatever medicinal help they have available. This is a violation of the Gloucester City School District's medication policy, and we wish to discourage this practice.

Please complete and sign this form where indicated and have it **CO-SIGNED BY YOUR FAMILY DOCTOR** with the dosage filled in. This permission or denial will remain in effect throughout the school year unless we are subsequently notified by you or your physician to rescind or change it.

I request that my student \_\_\_\_\_  
(please print student's name)

(be given) - (not be given) either Acetaminophen (generic tylenol) or Ibuprofen for the usual reasons listed above. **(circle one)**

His or Her known allergies are: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian signature) (Date) (Relationship to student)

## PHYSICIAN STATEMENT:

I am aware of no medical reason to preclude this student from receiving Ibuprofen or Acetaminophen **(circle one)** requested by his/her parent. Please administer the aforementioned medication \_\_\_\_\_ as requested by the student's **(dosage)**

parents for conditions listed above, in the absence of any other symptoms.

\_\_\_\_\_  
(Doctor's Signature) (Doctor's Name - please print) (Date)

*\*Please note: A stamped signature or office staff signature with initials is not acceptable*

# Gloucester City High School

1300 Market Street • Gloucester City, New Jersey 08030 • (856) 456-7000 x 1533 • Fax (856) 432-7045

Sean Gorman

Principal

## GLOUCESTER CITY BOARD OF EDUCATION

Gloucester City, New Jersey

---

### PHYSICAL EXAMINATION FORM

A complete physical examination is required for all students upon enrollment in school.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

HEENT: \_\_\_\_\_ Cardiovascular: \_\_\_\_\_

Respiratory: \_\_\_\_\_ Gastrointestinal: \_\_\_\_\_

Genitourinary: \_\_\_\_\_ Musculoskeletal: \_\_\_\_\_

Neurological: \_\_\_\_\_ Integumentary: \_\_\_\_\_

Auditory Acuity: \_\_\_\_\_ Visual Acuity: \_\_\_\_\_

Dental Screening: \_\_\_\_\_ Scoliosis Screening: \_\_\_\_\_

Allergies / Sensitivities: \_\_\_\_\_

Behavioral Issues / Mental Health Diagnosis: \_\_\_\_\_

Chronic Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Dietary Concerns: \_\_\_\_\_

Immunizations given at this visit: \_\_\_\_\_

Past Medical / Surgical History: \_\_\_\_\_

Other: \_\_\_\_\_

Able to participate in physical education classes? \_\_\_\_\_ Yes \_\_\_\_\_ No

List any restrictions and duration: \_\_\_\_\_

---

Name of Health Care Provider (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Gloucester City High School

1300 Market Street • Gloucester City, New Jersey 08030 • (856) 456-7000 x 1533 • Fax (856) 432-7045

**Sean Gorman**

*Principal*

## Authorization for Release of Information

To: \_\_\_\_\_ Student's Name \_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
Parents' Names \_\_\_\_\_  
\_\_\_\_\_

To Whom It May Concern:

I hereby authorize the release of records including medical, psychological, educational and/or social information from the reports and records of the above child to the professional personnel of the Gloucester City Public School District. Such information is to be used for the completion of records to aid in the proper school placement and planning for the child.

I would like to have the information sent to:

Sean Gorman, Principal  
Gloucester City High School  
1300 Market Street  
Gloucester City, NJ 08030

Sincerely

\_\_\_\_\_  
Signature of Parent/Guardian